

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>6945</b>	2. Fiscal Year Covered From:  1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.  Name GARY M TIBONI  P.O. Box, Bldg., Room No., if any  Street 6051 CAREY DRIVE  City VALLEY VIEW  State Ohio ZIP Code + 4 44125	4. Name, file number, and address of labor organization.  Name TEAMSTERS LOCAL UNION 436  Labor Organization File Number 018-978  P.O. Box, Building and Room Number, if any  Street 6051 CAREY DRIVE  City VALLEY VIEW  State Ohio ZIP Code + 4 44125
5. Position in labor organization. PRESIDENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u><i>Gary M Tiboni</i></u>	On <u>5/10/06</u> Date	<u>216-328-1833</u> Telephone Number

Name of Person Filing	GARY TIBONI	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name TEAMSTERS LOCAL 436 HEALTH &amp; WELFARE FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 6051 CAREY DRIVE</p> <p>City VALLEY VIEW</p> <p>State Ohio ZIP Code + 4 44125</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>PROVIDES HEALTH &amp; WELFARE BENEFITS TO MEMBERS OF TEAMSTERS LOCAL 436.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>PAYMENTS MADE ON BEHALF OF INDIVIDUAL FOR ATTENDING EDUCATIONAL SEMINAR INCLUDING TRAVEL, ACCOMODATION, MEALS AND OTHER INCIDENTALS. DIRECT REIMBURSEMENT OF EXPENSES RELATED TO ATTENDING EDUCATIONAL SEMINAR. MEALS WHILE ATTENDING BOARD OF TRUSTEE MEETING</p> <p>12.b. Amount. \$2,630</p>

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing GARY TIBONI	File Number U-
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**Part B Continuation Page**

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name TEAMSTERS LOCAL 436 PENSION FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 6051 CAREY DRIVE</p> <p>City VALLEY VIEW</p> <p>State Ohio ZIP Code + 4 44125</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>PROVIDES PENSION BENEFITS TO MEMBERS OF TEAMSTERS LOCAL 436.</p>
	<p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>PAYMENTS MADE ON BEHALF OF INDIVIDUAL FOR ATTENDING EDUCATIONAL SEMINAR INCLUDING TRAVEL, ACCOMODATION, MEALS AND OTHER INCIDENTALS. DIRECT REIMBURSEMENT OF EXPENSES RELATED TO ATTENDING EDUCATIONAL SEMINAR. MEALS WHILE ATTENDING BOARD OF TRUSTEE MEETING</p> <p>12.b. Amount. \$2,630</p>

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## 8. Name and address of Business (including trade name, if any).

Name LAPLACA JEWELERS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 13 PUBLIC SQUARE

City MEDINA

State Ohio

ZIP Code + 4 44256

## 9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

INDIVIDUAL IS A OWNER OF THE BUSINESS WHICH HAS SOLD RETIREMENT GIFTS TO THE LABOR ORGANIZATION OF WHICH THE INDIVIDUAL IS THE PRESIDENT OF.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

BUSINESS SOLD ONE RETIREMENT GIFT ON 5/03/2005 AT A PRICE OF 372.62 AND SOLD TWO RETIREMENT GIFTS ON 12/08/2005 AT A PRICE OF 1,359.98.

## 12.b. Amount.

\$1,733